EXHIBIT C

| FORM B10 (Official Form 10)(NEW) UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA | | |
|--|--|-----------------------------------|
| Name of Debtor | Case Number | <u> </u> |
| USA COMMERCIAL MORTGAGE COMPANY | 06-10725-LBR | |
| | | |
| Name of Creditor (The person or other entity to whom the debtor owes | [] Check box if you are aware that | |
| money or property) | anyone else has filed a proof of | |
| RUTH ACOSTA t/a | claim relating to your claim. Attach | |
| LIBERTY RESOURCE MANAGEMENT Name and address where notices should be sent | copy of statement giving particulars | |
| | [] Check box if you have never received any notices from the | |
| Ruth Acosta PO. Box 7069 Audubon, PA 10407 Norristown, PA 19403 | Bankruptcy Court in this case | |
| PO. Bex 7059 | (X) Check box if the address differs | |
| Audubon, PA 10407 | from the address on the envelope | |
| 100111310Wn 17 19403 | sent to you by the Court | |
| Telephone number (610) 631-9934 | | This Space Is For Court Use Only |
| Account or other number by which creditor identifies debtor | Check here if this claim [X] replaces | |
| | | filed claum, dated 11/10/06 |
| | ☆ amends | |
| 1 Basis for Claim | [] Retiree benefits as defined in | |
| [] Goods sold | [] Wages, salaries, and compensa | |
| [] Services performed | Your SS # | |
| [] Money loaned | | |
| [] 13 Personal injury/wrongful death | Unpaid compensation for ser | |
| [] Taxes [X] Other – Unremitted Principal | from to | |
| 2 Date debt was incurred Unknown | 3 If court judgment, date obtained | (date) |
| 4 Total Amount of Claim at Time Case Filed \$2,718. | oo | u |
| If all or part of your claim is secured or entitled to priority also compl [] Check this box if claim includes interest or other charges in addition to of all interest or additional charges | ete Item 5 or 6 below the principal amount of the claim Attac | h itemized statement |
| 5 Secured Claim. | 6 Unsecured Priority Claim. | |
| [] Check this box if your claim is secured by collateral (including a | [] Check this box if you have an unse | cured priority claim |
| right of setoff) | Amount entitled to priority \$ | |
| Brief Description of Collateral [] Real Estate [] Motor Vehicle | Specify the priority of the claim | 14.00¢\ |
| [] Other ~ | [] Wages, salaries, or commissions (up to salaries of the bankruptcy petition or cess | |
| W. CO. H. J. A. | whichever is earlier - 11 USC § 507(a |)(3) |
| Value of Collateral \$ | Contributions to an employee benefit pla | |
| | Up to \$2,225* of deposits toward purch services for personal family or housely | |
| | [] Alimony maintenance or support owed 11 USC § 507(a)(7) | • ',',' |
| Amount of consequent at a second of the seco | [] Taxes or penalties owed to governmenta | |
| Amount of arrearage and other charges at tume case filed included in secured claim, if any: \$ | Other Specify applicable sub-paragraph *Amounts are subject to adjustment on 4/1/ | |
| social ordin, it may b | respect to cases commenced on or after th | |
| 7 Credits The amount of all payments on this claim has been credit | ed and deducted for the purpose of | |
| making this proof of claim. | _ | |
| 8 Supporting Documents Attach copies of supporting documents, such as | | This Space Is For Court Use Only |
| Officers involves itemized statements of minning accounts contract | promissory notes, purchase | This Space is 1 or Court Ose Onk |
| orders, invoices, itemized statements of running accounts, contract | s, court judgments, mortgages, | I his Space is 1 of Count Ose Onk |
| security agreements, and evidence of perfection of lien DO NOT | s, court judgments, mortgages, SEND ORIGINAL DOCUMENTS | I his Space as I of Court Ose Onk |
| security agreements, and evidence of perfection of lien DO NOT If the documents are not available, explain If the documents are vo | s, court judgments, mortgages, SEND ORIGINAL DOCUMENTS oluminous, attach a summary | This Space is For Court Ose Onk |
| security agreements, and evidence of perfection of lien DO NOT | s, court judgments, mortgages, SEND ORIGINAL DOCUMENTS oluminous, attach a summary | This Space is For Court Ose Onk |
| security agreements, and evidence of perfection of lien DO NOT If the documents are not available, explain If the documents are vo Date-Stamped Copy To receive an acknowledgment of the filing self-addressed envelope and copy of this proof of claim Date Sign and print the name and title, if any, of the cree | s, court judgments, mortgages, SEND ORIGINAL DOCUMENTS oluminous, attach a summary of your claim, enclose a stamped, dittor or other person authorized to file | This Space is For Court Ose Onk |
| security agreements, and evidence of perfection of lien DO NOT If the documents are not available, explain If the documents are vo Date-Stamped Copy To receive an acknowledgment of the filing self-addressed envelope and copy of this proof of claim | s, court judgments, mortgages, SEND ORIGINAL DOCUMENTS oluminous, attach a summary of your claim, enclose a stamped, dittor or other person authorized to file | FILED APR 1 0 200 |



FORM B10 (Official Form 10) (10/05)

| United States Bankruptcy Court | District of Nevada | PROOF OF CLAIM | |
|---|---|--|--|
| Name of Dubtor | Name of Debtor Case Number | | |
| 15A COMMERCIAL MURTGAGE CO | | | |
| NOTF This form should not be used to make a claim for an administration of the case. A request for payment of an administrative expense may be | | | |
| Name of Creditor (The person or other entity to whom the debtor owes money or property) | Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. | | |
| ALG LIMITED, ANEVADA LIMITED Name and address where notices should be sent, DARTNERSKY E904 VILLA GRANTO LANE | Check box if you have never received any notices from the bankruptcy court in this case. | | |
| GRANTE BAY, CA 95746-6481 | Check box if the address differs from the address on the envelope sent to you by the court. | This Space is for Court Use Only | |
| Last four digits of account or other number by which creditor identifies debtor | Check here replaces of this claim amends a previously filed | claim dated | |
| 1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other Other | Retiree benefits as defined in 11 Wages salaries and compensation Last four digits of your SS #- Unpaid compensation for service from | on (fill out below) | |
| 2 Date debt was incurred ///05 3 | 3. If court judgment, date obtained | | |
| 4 Classification of Claim Check the appropriate box or boxes that I See reverse side for important explanations Unsecured Nonpriority Claim \$ | Secured Claim Check this box if your claim is a right of setoff) Brief Description of Collateral Real Estate Motor Ve Value of Collateral \$\(\begin{align*}\text{UN}\) \\ Amount of arrearage and other charge secured claim if any \$\(\begin{align*}\text{LNE}\) \\ Up to \$2,225* of deposits toward purch or services for personal family or hous \$\(\frac{5}{2}\) \\ \$507(a)(7) Taxes or penalties owed to governments Other - Specify applicable paragraph of *Amounts are subject to adjustment on 4/1/0 with respect to cases commenced on or the secure of the secu | chicle Other———————————————————————————————————— | |
| 5 Total Amount of Claim at Time Case Filed \$\lambda \lambda \ | | | |
| 6 Credits The amount of all payments on this claim has been cremaking this proof of claim 7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contracts agreements and evidence of perfection of lien DO NOT SEND (documents are not available explain If the documents are voluming addressed envelope and copy of this proof of claim Date Sign and print the name and title if any, of the comments are not available in the comments are voluming addressed envelope and copy of this proof of claim. | s, such as promissory notes, purchase court judgments, mortgages, security DRIGINAL DOCUMENTS If the ous attach a summary of your claim enclose a stamped, self- | HIS SIMCL IS FOR COURT US ONLY | |
| file this claim (attach copy of power of attorney (8/2007 Churle Chres, Prender Heneral Paixner of Ar | ut, CAMA Cognation | USA CMC | |

Penalty for presenting fraudulent claim Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U

USA CMC 1072501903

| Case_ub-1U725-gWZD00 | <u>: 9073-3 En</u> | (e.ea na\.r2\.r1 12.2 | 15.58 Pal | <u> </u> |
|---|---------------------------|---|---|---|
| | PRO | OOF OF CLAIM | | |
| Name of Debtor | Case Nu | ımber | | |
| USA COMMERCIAL MORTGAG | | -5-06-10725 LBR | | |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an adminis arising after the commencement of the case A "request" for | payment of an | Check box if you are aware that anyone else has | | |
| administrative expense may be filed pursuant to 11 U S C § | 503 | filed a proof of claim relating to your claim. Attach copy of | | |
| Name of Creditor and Address 11321 ARTHUR E KEBBLE & THELMA M KEBBLE TRUST DATED 5/19/95 C/O ARTHUR E KEBBLE & THELMA M KEB 9512 SALEM HILLS CT LAS VEGAS NV 89134-7883 | | statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the | SECURED INTE ONE OF THE DE If you have al | HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT EBTORS ready filed a proof of claim with the t or BMC you do not need to file again |
| Creditor Telephone Number (762-242-4129 | | court | THIS SPAC | CE IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor | identifies debtor | Check here replace or if this claim amen | a previous | y filed claim dated |
| 1 BASIS FOR CLAIM | ☐ Patiran I | penefits as defined in 11 U S | | Unremitted principal |
| Goods sold Personal injury/wrongful d Services performed Taxes | eath Wages | salaries and compensation (in the compensation (in | | Other claims against servicer (not for loan balances) |
| Money loaned A. Other (describe briefly) | Unpaid o | compensation for services per | formed from | to (date) (date) |
| 2 DATE DEBT WAS INCURRED VARIOUS—SEE | プ#7 3 IF C | OURT JUDGMENT, DATE O | | |
| See reverse side for important explanations | or boxes that best descri | be your claim and state the amou | unt of the claim at | the time case filed |
| Check this box if a) there is no collateral or lien securing your claim exceeds the value of the property securing it or if c) none or only part of your claim is a right of setoff) Check this box if your claim is secured by collateral (including a right of setoff) | | | | |
| UNSECURED PRIORITY CLAIM | | Brief description of | | w property |
| Check this box if you have an unsecured claim all or part of whentitled to priority | nich is | Value of Collateral | Motor Vehicle 281,1 \$±32,6 | e U Other |
| Amount entitled to priority \$ | | Amount of arrearage and a second of arrearage arrearage. | d other charge | mcluded in |
| Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or | r (a)(1)(P) | secured claim, if any | | |
| Wages salaries or commissions (up to \$10 000)* earned with before filing of the bankruptcy petition or cessation of the debto business whichever is earlier 11 U S C \$507(a)(4) | ın 180 davs | Up to \$2 225* of deposits towa services for personal family o Taxes or penalties owed to go | r household use | 11 U S C § 507(a)(7) |
| Contributions to an employee benefit plan 11 U S C § 507(a) |)(5) | Other - Specify applicable para * Amounts are subject to adjus with respect to cases commen | tment on 4/1/07 a | nd every 3 years thereafter |
| 5 TOTAL AMOUNT OF CLAIM \$ | \$ 313, | 167.61 + INTER | #5T~ 10,X | 72\$54 7 \$327,563, |
| (unsecured) (secured) + Helphanks 3,563.82 (Total) X Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. | | | | |
| 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders, invoices itemized statements of running accounts contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary | | | | |
| 8 DATE-STAMPED COPY To receive an acknowledge proof of claim | | · | | d envelope and copy of this |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) THIS SPACE FOR COURT USE ONLY | | | | |
| BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911 BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo CA 90245 | | | | |
| DATE SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) ARTHUR EXERGISE Cutture Fabble | | | | |

| FORM B10 (Official Form 10) (10/05) | | | |
|---|--------------|---|--|
| United States Bankrupicy Court | Dis | TRICI OI <u>Navada</u> | PROOF OF CLAIM |
| Name of Dublor USA Commercial Mortgage | Case | Number | |
| Company | BK | -3-06-10725 LBR | |
| NOTE This form should not be used to make a claim for an adminis | strative exp | ense arising after the commencement | |
| of the cise. A request for payment of an administrative expense ma | y be filed | pursuant to 11 USC § 503 | |
| Name of Creditor (The person or other entity to whom the | | ck box if you are aware that anyone | |
| dibior owns money or property) Augustine Tuffarelli Trustee of the Augustine Tuffanelli | | has filed a proof of claim relating to r claim. Attach copy of statement | ' ! |
| Trustee of the Augustine Tuffanell, | | ng particulars | 1 |
| Family Trust | _ | ck box if you have never received an | |
| Name and address where notices should he sent | | ces from the bankruptcy court in thi | · • |
| Name and address where notices should be sent Thomas R Brokebank, Espiste A.2 689 Serra Rose Drive Ste A.2 | case | . | 1 |
| Reno NV 89511 | | ck box if the address differs from the | • |
| Telephone number 775-329-5230 | | ress on the envelope sent to you by court | THIS SPACE IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor | | ck here replaces | |
| identifies debtor | | us claim amends a previously | filed claim dated |
| Testime + sector | | | |
| 1 Basis for Claim | | Retiree benefits as defined | * ', ' |
| ☐ Goods sold | | ☐ Wages salaries and compe Last four digits of your SS | |
| Services performed | | Unpaid compensation for s | |
| ☐ Money loaned ☐ Personal injury/wrongful death | | • | • |
| | | from(date) | to(date) |
| Taxes Other Money Invested | | (date) | (date) |
| 2 Date debt was incurred | 3. | If court judgment, date obtain | red |
| 12 Date debt was incurred 15-15-2004 | | | |
| 4 Classification of Claim Check the appropriate box or boxes the | nat best de | scribe your claim and state the amou | int of the claim at the time case file |
| See reverse side for important explanations | | Secured Claim | |
| Unsecured Nonpriority Claim \$ | | 1 | |
| Check this box if a) there is no collateral or lien securing you | ır claım, oı | Check this box if your clair a right of setoff) | m is secured by collateral (including |
| b) your claim exceeds the value of the property securing it or if c) | none or | Į. | 5 NOTES + DEEDS |
| only part of your claim is entitled to priority | | Brief Description of Colla | deral OF TRUST |
| Unsecured Priority Claim | | ☐ Real Estate ☐ Mot | or Vehicle Other |
| Check this box if you have an unsecured claim all or part of | which is | Value of Collateral \$ | |
| entitled to priority | | · · | harges at time case filed included in |
| Amount entitled to priority \$ | | secured claim, if any \$ | |
| Specify the priority of the claim | | Up to \$2,225* of deposits toward or services for personal family or | purchase, lease, or rental of property |
| ☐ Domestic support obligations under 11 USC § 507(a)(1)(A) ((a)(1)(B) | or | § 507(a)(7) | nousehold use - 11 0 3 C |
| Wages salaries, or commissions (up to \$10,000),* earned with | - 100 | • | mental units - 11 USC § 507(a)(8) |
| days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier - 11 USC \$ 507(a)(4) | tor's | Other - Specify applicable paragra | |
| □ Contributions to an employee benefit plan - 11 U S C § 507(a) | | mounts are subject to adjustment on with respect to cases commenced o | 4/1/07 and every 3 years thereafter on or after the date of adjustment |
| 5 Total Amount of Claim at Time Case Filed | 4 | 250,000 | 250 m. °° |
| | | (unsecured) (secured) | (priority) (Total) |
| Check this box if claim includes interest or other charges in ad interest or additional charges | dition to th | ne principal amount of the claim A | ttach itemized statement of all |
| 6 Credits The amount of all payments on this claim has been | n credited | and deducted for the purpose of | THIS SPACE IS FOR COURT USE ONLY |
| making this proof of claim | | | |
| 7 Supporting Documents Attach copies of supporting documents | | | |
| orders invoices itemized statements of running accounts contr | | | Filed date |
| agreements and evidence of perfection of lien DO NOT SEN | | | Filed data 816106 |
| documents are not available, explain If the documents are volu | | - | NICING. |
| 8 Date-Stamped Copy To receive an acknowledgment of the fi | ling of you | ar claim, enclose a stamped, self- | 816100 |
| addressed envelope and copy of this proof of claim | 11-a | | 4 |
| Date Sign and print the name and title, if any, of file whis claim (attach copy of power of atto | | | USA CMC |
| 8// / / / / / / / / / / / / / / / / / / | | , | |
| 044 /2011/1/2/ | | | 1072500089 |

| | ntered 09/15/11 15:55:58 Page 6 of 11 | | | |
|---|---|--|--|--|
| | OOF OF CLAIM | | | |
| Name of Debtor Case Nu | mber | | | |
| USA COMMERCIAL 06. | -107,25R | | | |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address | Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars | | | |
| AYLENE GERINGER AND MARK ZIPKIN 4321 CHERRY HILLS LN TARZANA CA 91356-5406 | Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address Check box if this address | | | |
| Creditor Telephone Number (81% 343 (37/ | differs from the address on the envelope sent to you by the court If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY | | | |
| Last four digits of account or other number by which creditor identifies debtor | Chack hore | | | |
| 75// | Check here or a previously filed claim dated if this claim amends | | | |
| | penefits as defined in 11 U S C § 1 l14(a) Unremitted principal | | | |
| M 0 | salaries and compensation (fill out below) Other claims against service (not for loan balances) | | | |
| Lastrou | r digits of your SS # | | | |
| 2 DATE DEBT WAS INCURRED 1/6/06 3 IF C | (date) (date) OURT JUDGMENT, DATE OBTAINED | | | |
| | ribe your claim and state the amount of the claim at the time case filed | | | |
| See reverse side for important explanations | SECURED CLAIM | | | |
| UNSECURED NONPRIORITY CLAIM \$ 20,425,79 Check this box if a) there is no collateral or lien securing your claim or b) your claim | Check this box if your claim is secured by collateral (including | | | |
| exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority LL attached to priority | a right of setoff) | | | |
| UNSECURED PRIORITY CLAIM | Billion debeniphent of benderich | | | |
| Check this box if you have an unsecured claim all or part of which is | Real Estate Motor Vehicle Other | | | |
| entitled to priority | Value of Collateral \$ | | | |
| Amount entitled to priority \$ | Amount of arrearage and other charges at time case filed included in secured claim if any \$ | | | |
| Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) | Up to \$2 225* of deposits toward purchase lease or rental of property or | | | |
| Wages salaries or commissions (up to \$10 000)* earned within 180 days | services for personal family or household use 11 USC § 507(a)(7) | | | |
| before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) | Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) Other Specify applicable paragraph of 11 U S C § 507(a) () | | | |
| Contributions to an employee benefit plan 11 U S C § 507(a)(5) | * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter | | | |
| 5 TOTAL AMOUNT OF CLAIM \$ 20 425. 79 | with respect to cases commenced on or after the date of adjustment | | | |
| AT TIME CASE FILED AT TIME CASE FILED (Inguent (unsecured)) 65% of (secured) amounts (priority) See attached Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges | | | | |
| 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL | | | | |
| DOCUMENTS If the documents are not available explain if the documents are voluminous attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim | | | | |
| The original of this completed proof of claim form must be sent by mail | or hand delivered (FAXES NOT THIS SPACE FOR COURT | | | |
| ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 USE ONLY for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and | | | | |
| governmental units) BY MAIL TO BY MAIL TO BMC Group Attn USACM Claims Docketing Center BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center | | | | |
| P O Box 911 1330 East Franklin Avenue El Segundo, CA 90245-0911 El Segundo, CA 90245 | | | | |
| DATE SIGN and print the name and title if any of the creditor of | or other person authorzed to file | | | |
| this claim (attach copy of power of attorney if any) | USA CMC | | | |
| | 10/200 | | | |

| DISIRCO NEVADA | ROOF OF CLAIM | | |
|--|--|--|--|
| Name of Debtor Case | Number | | |
| | 6-10725-182 | | |
| NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503 | Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of | | |
| Name of Creditor and Address | statement giving particulars | | |
| CLAWITER ASSOCIATES LLC 1620 Colchester St DANUILLE, CA 94506 | Check box if you have never received any notices from the bankruptcy court or DO NOT FILE T | HIS PROOF OF CLAIM FOR A | |
| DANVIlle, CA 94506 | Check box if this address differs from the address on the | EREST IN A BORROWER THAT IS NOT EBTORS Iready filed a proof of claim with the rt or BMC you do not need to file again | |
| Creditor Telephone Number (\$25) 736-7/5 3 | | CE IS FOR COURT USE ONLY | |
| Last four digits of account or other number by which creditor identifies debtor | Check here replaces | | |
| 3176 | if this claim amends | ly filed claim dated | |
| | e benefits as defined in 11 U S C § 1114(a) | Unremitted principal | |
| | s salanes and compensation (fill out below) | Other claims against service | |
| | our digits of your SS # | (not for loan balances) | |
| Money loaned Other (describe briefly) Unpar | d compensation for services performed from | (date) to (date) | |
| 2 DATE DEBT WAS INCURRED 3 IF | COURT JUDGMENT, DATE OBTAINED | (date) | |
| 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best de See reverse side for important explanations | scribe your claim and state the amount of the claim a | t the time case filed | |
| UNSECURED NONPRIORITY CLAIM \$ | SECURED CLAIM | | |
| Check this box if a) there is no collateral or lien securing your claim or b) your claim secured by collateral (including exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral | | | |
| UNSECURED PRIORITY CLAIM | ☐ Real Estate ☐ Motor Vehic | le 🔲 Other | |
| Check this box if you have an unsecured claim all or part of which is entitled to priority | Value of Collateral \$ | | |
| Amount entitled to priority \$ | Amount of arrearage and other charge secured claim if any \$ | s <u>at time case filed</u> included in | |
| Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) | Up to \$2 225* of deposits toward purchase lease | se or rental of property or | |
| Wages salaries or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's | services for personal family or household use Taxes or penalties owed to governmental units | 11 U S C § 507(a)(7) | |
| business whichever is earlier 11 U.S.C. § 507(a)(4) | Other Specify applicable paragraph of I1 U S | C § 507(a) () | |
| Contributions to an employee benefit plan 11 U S C § 507(a)(5) | * Amounts are sub oct to adjustment on 4,1/07 with respect to cases commenced on or after th | | |
| | 25,000 \$ | \$ 253805. | |
| AT TIME CASE FILED SOE ATTACHED Success (unsecured) | (secured) (pnority) | (Total) | |
| Check this box if claim includes interest or other charges in addition to the princip | pal amount of the claim Attach itemized statement | of all interest or additional charges | |
| 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL | | | |
| DOCUMENTS If the documents are not available explain If the documents 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of | | ed envelope and copy of this | |
| proof of claim | | The state of the s | |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and | | | |
| governmental units) BY MAIL TO BY MOIL TO BMC Group BMC G | ID OR OVERNIGHT DELIVERY TO | | |
| Attn USACM Claims Docketing Center Attn U | SACM Claims Docketing Center | ED NOV 1 4 2006 | |
| El Segundo CA 90245-0911 El Seg | ast Franklin Avenue undo CA 90245 | | |
| DATE SIGN and print the name and title if any of the creditor this claim (attach copy of power of attorney if any | | 1/04 0000 | |
| 1/10/06 Thomas & Kom | "ell | USA CMC | |
| Daneth for manufacture of the first of the f | | | |

FORM B10 (Official Form 10) (10/05)

| UNITED STATES BANKRUPTCY COURT | Disti | RICT OF Nevada | DDOOF OF OLAIM | |
|--|---|---|---|--|
| Name of Dubtor | Case No | | PROOF OF CLAIM | |
| USA Commercial Mortgage Company | BR | | | |
| NOTE This form should not be used to make a claim for an admini- of the case. A request for payment of an administrative expense ma | strative expen ay be filed pu | use arising after the commencement | ıt İ | |
| Name of Creditor (The person or other entity to whom the dibtor owns money or property) Larry R. Colborn the ratta A Colborn Trystaes for the colborn Revocable Living Trust dated 8/6/90 Name and address where notices should be sent Larry & Loretta Colborn 1127 Broken Wagen Treil Dewey, AZ 86327 | else hayour of giving Check notices case | box if you are aware that anyone as filed a proof of claim relating to claim. Attach copy of statement particulars. box if you have never received as from the bankruptcy court in the box if the address differs from the | ny 15 | |
| Telephone number (928) 775-2906 | addres the co | s on the envelope sent to you by urt. | THIS SPACE IS FOR COURT USE ONLY | |
| Last four digits of account or other number by which creditor identifies debtor | Check If this | | filed claim dated 12/12/06 | |
| 1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes SER EXPLOYED | | Retiree benefits as defined a Wages salaries, and compe Last four digits of your SS Unpaid compensation for s from | in 11 U S C § 1114(a) insation (fill out below) # | |
| Taxes Other See Exhibit A 2. Date debt was incurred 03/26/04 | 3 | If court judgment, date obtain | ` • | |
| 4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. Unsecured Nonpriority Claim \$ 2.44, 2.04.06 Check this box if a) there is no collateral or lien securing your claim, or only part of your claim is entitled to priority. Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority. Specify the priority of the claim. Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). Wages salaries, or commissions (up to \$10.000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtors business whichever is earlier - 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). Total Amount of Claim at Time Case Filed Check this box if your claim is secured by collateral (including a right of setoff). Secured Claim. Check this box if your claim is secured by collateral (including of setoff). Brief Description of Collateral. Amount of arrearage and other charges at time case filed included in secured claim if any \$ 3, 695.0/. Up to \$2.225* of deposits toward purchase lease or rental of property or services for personal family, or household use - 11 U.S.C. § 507(a)(3). United to priority of the claim. Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(3). "Amounts are subject to adjustment on 411/07 and every. 3 years thereafter with respect to cases commenced on or after the date of adjustment. Total Amount of Claim at Time Case Filed. Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach Itemized statement of all. | | | | |
| 6 Credits The amount of all payments on this claim has been making this proof of claim | credited and | deducted for the purpose of | THIS SPACE IS FOR COURT USE ONLY | |
| 7 Supporting Documents: Attach copies of supporting docume orders invoices itemized statements of running accounts contrate agreements and evidence of perfection of lien. DO NOT SENI documents are not available explain. If the documents are volum 8 Date-Stamped Copy. To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim. Date. Sign and print the name and title, if any, of the file this claim (attach copy of power of attorname and title). | cts, court jud D ORIGINA ninous attach ing of your cl | gments, mortgages, security L DOCUMENTS If the n a summary laim enclose a stamped, self- | FILED JAN 1 2 2007 | |
| Louis a Collow 7 | | 2 | USA CMC | |

Case 06-10725-gwz Doc 9073-3 Entered 09/15/11 15:55:58 Page 9 of 11 FORM B10 (Official Form 10) (10/05)

| FORM BID (Official Form TO) (10/05) | | | | |
|---|--|------------------------------------|--|--|
| UNITED STATES BANKRUPTCY COURT Nevada | DROOF OF CLAIM | | | |
| Name of Debtor | Case Number | PROOF OF CLAIM | | |
| USA Capital Mortgage Company, Inc | BK-S-06-10725-LBR | E-Filed 8-9-06 | | |
| NOTE This form should not be used to make a claim for an administra of the case A 'request' for payment of an administrative expense may be | | | | |
| Name of Creditor (The person or other entity to whom the | Check box if you are aware that anyone | - | | |
| debtor owes money or property) JAMES CORISON | else has filed a proof of claim relating to | | | |
| JAIMES CORISON | your claim Attach copy of statement | | | |
| Name and address where notices should be sent | giving particulars | | | |
| JAMES CORISON | Check box if you have never received any notices from the bankruptcy court in this | | | |
| PO BOX 21214 | case | | | |
| RIVERSIDE, CALIFORNIA 92516 | Check box if the address differs from the | | | |
| Telephone number | address on the envelope sent to you by the court | THIS SPACE IS FOR COURT USE ONLY | | |
| Last four digits of account or other number by which creditor | Check here replaces | | | |
| identifies debtor | if this claim amends a previously filed | d claım, dated | | |
| 1 Basis for Claum | Retiree benefits as defined in 11 | | | |
| Goods sold Services performed | Wages, salaries, and compensat | ion (fill out below) | | |
| Money loaned | Last four digits of your SS # | | | |
| Personal injury/wrongful death | Unpaid compensation for service from to | es performed | | |
| Taxes | (date) | (date) | | |
| Other Date debt was incurred 11/24/2003 | | | | |
| Date dept was incurred 11/24/2005 | 3 If court judgment, date obtained | | | |
| 4 Classification of Claim Check the appropriate box or boxes tha | t best describe your claim and state the amount of | f the claim at the time case filed | | |
| See reverse side for important explanations Unsecured Nonpriority Claim \$ | Secured Claim | | | |
| Check this box if your claim is secured by collateral (including | | | | |
| Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or | | | | |
| only part of your claim is entitled to priority | Brief Description of Collateral | | | |
| Unsecured Priority Claim | Real Estate Motor Ve | hicle Other | | |
| Check this box if you have an unsecured claim, all or part of which | Value of Collateral \$ 1,023,00 | 00 00 | | |
| entitled to priority | Amount of arrearage and other charge | s at time case filed included in | | |
| Amount entitled to priority \$ | secured claim, if any \$ | | | |
| Specify the priority of the claim. | Up to \$2,225* of deposits toward pure | hase, lease, or rental of property | | |
| Domestic support obligations under 11 U S C § 507(a)(I)(A) or services for personal, family, or household use - 11 U S C | | | | |
| Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) | | | | |
| Wages, salaries, or commissions (up to \$10,000),* earned with | in 180 Other - Specify applicable paragraph of | of 11 USC § 507(a)() | | |
| days before filing of the bankruptcy petition or cessation of the debto business, whichever is earlier - 11 U S C § 507(a)(4) | Amounts are subject to adjustment on 4/1/ | 07 and every 3 years thereafter | | |
| Contributions to an employee benefit plan - 11 U S C § 507(a) | with respect to cases commenced on or | r after the date of adjustment | | |
| 5 Total Amount of Claim at Time Case Filed | \$ 1,023,000 00 | 1 022 000 00 | | |
| | (unsecured) (secured) (prid | 1,023,000 00 (Total) | | |
| Check this box if claim includes interest or other charges in add interest or additional charges | lition to the principal amount of the claim Attach | itemized statement of all | | |
| 6 Credits The amount of all payments on this claim has been co | redited and deducted for the purpose of | | | |
| making this proof of claim | | IS SPACE IS FOR COURT USE ONLY | | |
| 7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase | | | | |
| orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security | | | | |
| orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of hen DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary 8 19 106 | | | | |
| 8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self- | | | | |
| addressed envelope and copy of this proof of claim | | | | |
| Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) USA CMC | | | | |
| meanis claim datach copy or power of attorne | • • | | | |
| Penalty for presenting fraudulehi claim Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 USC §§ 152 and 3571 American LegalNet. Inc. | | | | |
| // | | American LegalNet, Inc | | |

UNITED STATES BANKRUPTCY COURT PROOF OF CLAIM DISTRICT OF NEVADA FILED JAN 1 U LOU. Name of Debtor Case Number USA Commercial Mort, Co. 06-10725-LBR NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense Check box if you are aware that anyone else has ansing after the commencement of the case A "request" for payment of an filed a proof of claim relating administrative expense may be filed pursuant to 11 U S C § 503 to your claim Attach copy of Name of Creditor and Address statement giving particulars Check box if you have CYNTHIA G DAVIS LIVING TRUST never received any notices C/O CYNTHIA G DAVIS TRUSTEE from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A BMC Group in this case 2465 TELLURIDE DR SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS RENO NV 89511-9155 Check box if this address if you have already filed a proof of claim with the differs from the address on the envelope sent to you by the Bankruptcy Court or BMC you do not need to file again court Creditor Telephone Number (775 851-2465 THIS SPACE IS FOR COURT USE ONLY Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated or amends if this claim 1 BASIS FOR CLAIM Retiree benefits as defined in 11 U S C § 1114(a) Unremitted principal __ Goods sold Personal injury/wrongful death Wages salanes and compensation (fill out below) Other claims against servicer Services performed Taxes (not for loan balances) Last four digits of your SS # Money loaned Other (describe briefly) Unpaid compensation for services performed from See Exhibit A (date) 2 DATE DEBT WAS INCURRED 01/07/05 3 IF COURT JUDGMENT, DATE OBTAINED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED CLAIM UNSECURED NONPRIORITY CLAIM \$ 101493.06 Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or b) your claim a right of setoff) exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Brief description of collateral UNSECURED PRIORITY CLAIM Other Real Estate Motor Vehicle Check this box if you have an unsecured claim all or part of which is entitled to priority Value of Collateral \$ unknown Amount entitled to priority Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) ☐ Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 USC § 507(a)(7) Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) business whichever is earlier - 11 U S C § 507(a)(4) Other Specify applicable paragraph of 11 U S C § 507(a) (__ Contributions to an employee benefit plan 11 U S C § 507(a)(5) * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment 5 TOTAL AMOUNT OF CLAIM \$ 101493.06 \$ 101,493,06 101,493.06 AT TIME CASE FILED (unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts, court judgments mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous attach a summary DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped, self-addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 **USE ONLY** for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group "N 1 0 2007 Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue El Segundo CA 90245-0911 El Segundo CA 90245 DATE SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) inthial daves

| Case 06-10725-gwz Doc 9073- | 3 Ent | ered 09/15/11 15:5 | 5:58 Page 11 of 11 |
|--|--------------|---|---|
| UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA | 4 | OOF OF CLAIM | |
| Till bar il the man the man in th | | | YOUR CLAIM IS SCHEDULED AS |
| Name of Debtor | Case Nu | ımber | Schedule/Claim ID s30950 |
| USA Commercial Mortgage Company | 06-107 | 725-LBR | Amount/Classification |
| | | | \$3 304 34 Unsecured |
| NOTE See Reverse for List of Debtors and Case Numbers | <u> </u> | | |
| This form should not be used to make a claim for an administrative expansing after the commencement of the case. A request for payment | pense | Check box if you are aware that anyone else has | |
| administrative expense may be filed pursuant to 11 U S C § 503 | oı an | filed a proof of claim relating | The emplines reflected obeyes constitute your slave as |
| Name of Creditor and Address 113212400 DALTON TRUST DATED 1/7/94 | 00276 | to your claim Attach copy of statement giving particulars Check box if you have never received any notices | The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. |
| C/O BERT A STEVENSON TRUSTEE 500 N ESTRELLA PKWY STE B2 405 GOODYEAR, AZ 85338 4135 | | from the bankruptcy court or BMC Group in this case | If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be |
| 1 | | Check box if this address | filed |
| | | differs from the address on the envelope sent to you by the | If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again |
| Creditor Telephone Number (102-499-7/37) | | court | THIS SPACE IS FOR COURT USE ONLY |
| Last four digits of account or other number by which creditor identifies | debtor | Check here replace | ces |
| x 7202 | | if this claim amer | |
| 1 BASIS FOR CLAIM | Retiree h | penefits as defined in 11 U S | |
| Goods sold Personal injury/wrongful death | | salanes, and compensation (| |
| Services performed Taxes | | digits of your SS # | fill out below) Other claims against service (not for loan balances) |
| Money loaned | | ompensation for services pe | rformed from to |
| | | | (date) (date) |
| 2 DATE DEBT WAS INCURRED SEE ATTACHED | 3 IF C | OURT JUDGMENT, DATE O | BTAINED |
| 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that it See reverse side for important explanations | best describ | e your claim and state the amour | nt of the claim at the time case filed |
| UNSECURED NONPRIORITY CLAIM \$ UNKNOWN SEE AT | bailer | SECURED CLAIM | |
| Check this box if a) there is no collateral or lien securing your claim, or b) you | our claim | | our claim is secured by collateral (including |
| exceeds the value of the property securing it or if c) none or only part of your entitled to priority | claim is | a right of setoff) | and the state of the |
| UNSECURED PRIORITY CLAIM | | | |
| Check this box if you have an unsecured claim all or part of which is entitled to priority | | Real Estate | ■ Motor Vehicle |
| Amount entitled to priority \$ | | Value of Collateral | \$ UNKNOWN |
| The All | | Amount of arrearage ar secured claim, if any | d other charges at time case filed included in |
| Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) | | | , O, 10/C 2), 11-0-0 1 |
| Wages salanes or commissions (up to \$10 000)* earned within 180 days | Ц | Up to \$2 225* of deposits towar services for personal family or | d purchase lease or rental of property or household use 11 U S C § 507(a)(7) |
| before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) | | | ernmental units 11 U S C § 507(a)(8) |
| Contributions to an employee benefit plan 11 U S C § 507(a)(5) | | | graph of 11 U S C § 507(a) () |
| Contributions to arremptoyee benefit plan 11 0 3 C § 507(a)(5) | | * Amounts are subject to adjust | ment on 4/1/07 and every 3 years thereafter eed on or after the date of adjustment |
| 5 TOTAL AMOUNT OF CLAIM \$ UNKNOWN, \$ 1 | INKNU | | |
| AT TIME CASE FILED (unsecured) | - | ecured) | (pnority) \$ UNKNOWN |
| Check this box if claim includes interest or other charges in addition to the | | | nized statement of all interest or additional charges |
| 6 CREDITS The amount of all payments on this claim has been credi | ited and d | educted for the purpose of m | aking this proof of claim |
| 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts court judgments, mortgages, security as DOCUMENTS. If the documents are not available explain. If the documents are not available. | | | |
| 8 DATE-STAMPED COPY To receive an acknowledgment of the | filing of v | are voiuminous, attach a sur Tur claim, enclose a stamper | nmary |
| proof of claim | | | |
| The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm, | prevailing | n Dacific time, on November | 12 2006 |
| governmental units) | orporatio | ns, joint ventures, trusts ar | nd |
| BY MAIL TO BMC Group | BY HAND O | R OVERNIGHT DELIVERY TO | |
| Attn USACM Claims Docketing Center | Attn USAC | M Claims Docketing Center | |
| FU BOX 911 | 330 East | Franklin Avenue CA 90245 | FILED JAN 0 8 2007 |
| DATE SIGN and prot the name and talls of any of the | | | |
| 12/29/06 Barr A GENOUS ON TOUCH | If any | este China | USA CMC |
| 10-10-10-10 BERT A. YEVENSON, TRUSTE | 3 | nu yoven, 11 | |

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §\$ 152 AND 3571

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